



## Missouri Pharmacy Program – Preferred Drug List



### Ophthalmic Mast Cell Stabilizers

*Effective 01/10/2013*

*Revised 07/09/2015*

#### Preferred Agents

- Cromolyn Sodium

#### Non-Preferred Agents

- Alocril®
- Alomide®

| <u>Approval Criteria</u>  | <u>Denial Criteria</u>                                 |
|---|--|
| <ul style="list-style-type: none"><li>• Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents<ul style="list-style-type: none"><li>○ Documented trial period for preferred agents</li><li>○ Documented ADE/ADR to preferred agents</li></ul></li></ul> | Lack of adequate trial on required preferred agents    |
| <ul style="list-style-type: none"><li>• Documented compliance on current therapy regimen</li></ul>  | Therapy will be denied if no approval criteria are met |
|   | Drug Prior Authorization Hotline: (800) 392-8030       |